



Suicide Prevention Briefing

Air Force Space Command

Name

AFSPC/



- **“I need your help -- we must work together to combat these preventable tragedies. These have the same devastating impact as combat casualties on family, friends, and co-workers. We must protect Air Force Space Command’s most valuable resource--our people, whether active duty, Guard, Reserve or civilian. I view each member of AFSPC as part of our family; a loss of one is a loss to all.”**

- General C. Robert

Kehler

AFSPC Commander



Suicide Prevention

Content:

- Why Brief?
- Myths and Misconceptions
- Signs of Distress
- Contributing Factors
- Effective Coping
- Seeking Help & Confidentiality
- Helpful Approaches
- Resources
- ACE



Suicide Prevention

Why Brief?

- ***Suicide prevention is everyone's business!***
- Significant percentage will have to deal with a suicidal Airman, friend or family member
- The key to prevention is EARLY help
- Suicide is a potential leadership problem:
 - Lack of awareness of signs and symptoms
 - Lowest suicide rate when there is a strong leadership emphasis on training and prevention



Suicide Prevention

Myths and Misconceptions:

- People who talk about suicide won't do it
- Most suicides occur with little or no warning
- Certain people would never commit suicide
- If someone wants to kill him/herself, nothing will stop them
- Suicidal people are not willing to seek help
- Most suicidal people were known to Mental Health
- Talking about suicide will give someone the idea to kill him/herself



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Signs of Distress:

- Hopelessness
- Depression
- Anxiety
- Agitation/anger/irritability
- Unusual or sudden change in behavior
- Isolation/withdrawal
- Decline in personal appearance
- Eating or sleeping difficulty



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Signs of Distress cont.:

- Talking about suicide
- Increased alcohol or drug use
- Unusual risk taking
- Preoccupation with death
- Loss of interest in pleasurable activities
- Making final arrangements/giving away personal items
- Sudden improvement in mood



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Top Contributing Factors:

- Relationship problems
- Current substance misuse
- Work or legal problems
- Financial problems

Other Factors:

- Major life transition
- Academic/life failures
- Severe, prolonged and unmanageable stress
- Recent or severe loss



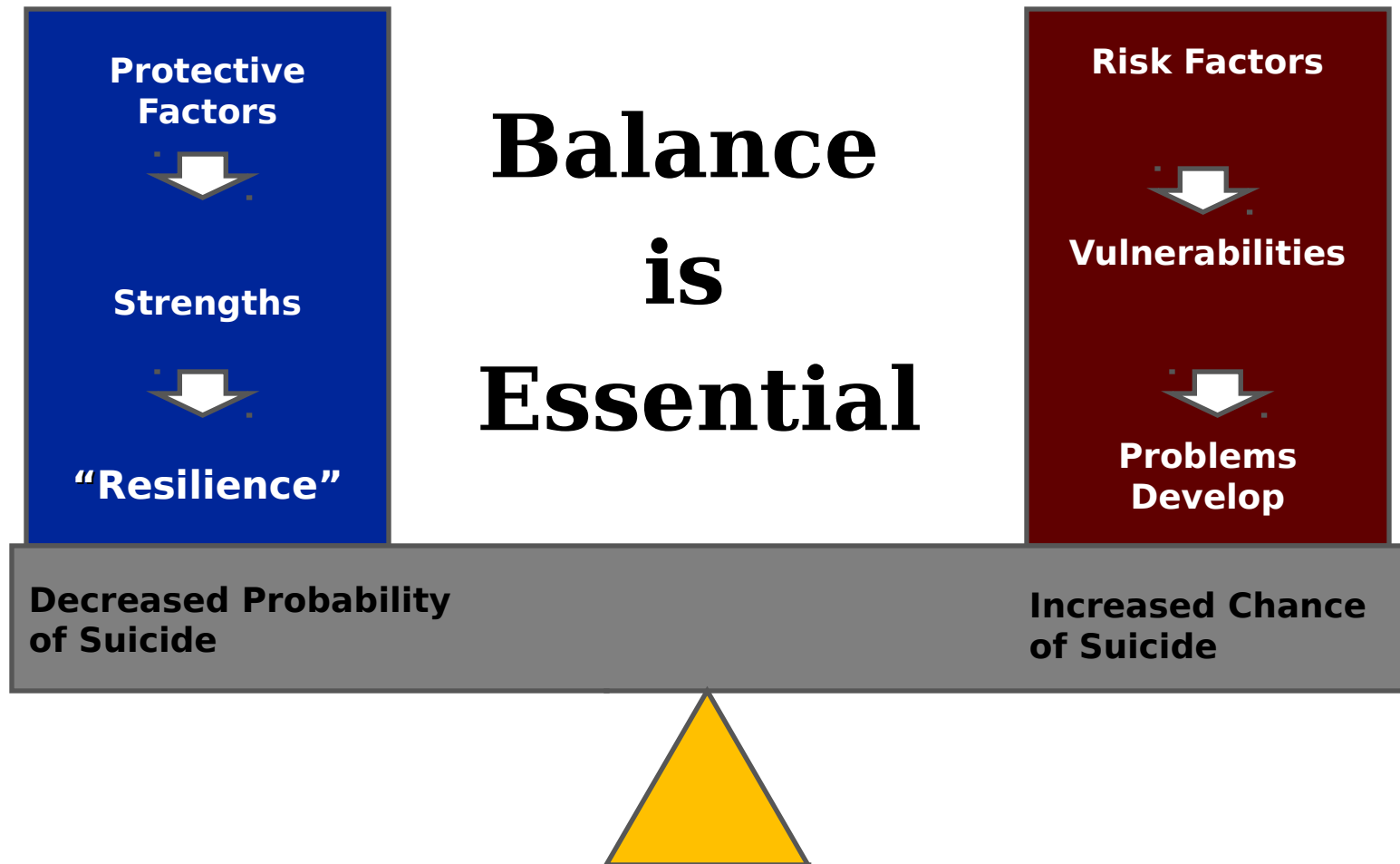
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Effective Coping:

- Dependent on:
 - Decreasing the duration and intensity of the problem
 - Seek help early!
 - Break the large problems into manageable pieces
 - Presence of a support network
 - Spiritual beliefs
 - Personal resilience
 - Good physical health
 - Increased depth of emotional reserves



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Seeking Help: Myth vs. Fact

1. **Myth:** Going to Mental Health hurts your career.

Fact: The more public your private problem becomes, the more likely the problem will have consequences. Overt behaviors draw far more attention than mental health treatment.

2. **Myth:** Some individuals fear seeking help because they don't want it in their record and/or are afraid of retaliation.

Fact: Except for PRP members, commanders do not have access to medical records, and there are very specific rules for medical record access for PRP commanders. No commander can retaliate for an Airman seeking mental health assistance.

- If commanders are contacted, they are only given fitness for duty and safety information



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Seeking Help cont.

3. Myth: Mental health treatment will result in duty disqualification.

Fact: One study found that of 500 active duty Air Force members, only 2% were disqualified.

4. Myth: Mental health treatment hurts promotion opportunities.

Fact: Promotion boards do not have access to Medical or Mental Health Records

Fact:

- 97% of AD members that self-refer have positive career outcomes
- 37-50% of Commander Directed Evaluations have negative career impact



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Seeking Help cont.

5. **Myth:** If I seek mental health treatment, it will hurt my spouse's career.

Fact: When the family member seeks mental health treatment and gets the assistance that they need, it will help the Active Duty member to be able to concentrate on his/her mission instead of worrying about their family member. This in turn will have positive results for the Active Duty member's career.



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When to seek help:

- Persistent stress that interferes with daily life
- Difficulty coping
- Difficulty functioning
- Accumulating signs of distress or risk factors
- Thoughts of suicide/hurting self



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Helpful Approaches:

- **LISTEN** first before giving advice or taking action
- Determine suicidal ideation :
 - **“Do you see any options for the future?”**
(Lack of hope is #1 predictor of completed suicides)
 - **“Are you thinking about suicide?”**
 - **“Do you have a plan?”**
 - **“Have you attempted suicide in the past?”**
- Take reports of suicidal ideation seriously; enlist the help of experts
- Do not leave him/her alone; ensure safe hand-off
- Don't promise secrecy
- Share your concerns; express caring and hope



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Available Resources:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) Press "1"
- Base X AFB Mental Health: XXX-XXXX
- Base X Military and Family Life Consultant: XXX-XXXX

For More Information:

- DoD Real Warriors: <http://www.realwarriors.net>
 - Has live chat 24/7 with a trained health resource consultant
- AF Suicide Prevention Program: <http://afspp.afms.mil>
- Suicide Prevention Resource Center: <http://www.sprc.org>
- American Association of Suicidology:
<http://www.suicidology.org>



National Suicide Prevention Lifeline:
1-800-273-8255 (TALK)

Ask your wingman

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

Care for your wingman

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-injury

Escort your wingman

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call the National Suicide Prevention Lifeline

USACHPPM <http://chppm-www.apgea.army.mil/>





Suicide Prevention

Colin Powell's Lesson

“The day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded that you do not care. Either case is a failure of leadership.”